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Substitute for Form PTO-875								10	7674	163	
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTIT								OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILE			ER FILED	NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))						\$	OR		·		
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =) =		x \$=		OR	Х \$ =			
INDEPENDENT CLAIMS 3 minus 3 4 .					X \$=		OR	X \$ &			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+\$=		OR	+ \$=		
Them, outcome in comment is less than zero, enter 10° in column 2.						TOTAL		Ot/	TOTAL		
CLAIMS AS AMENDED - PART II											
	•						OR		R THAN		
		(Column 1) CLAIMS	T ,	(Column 2)	(Column 3)	SMALL E	NIIIY	1 .	SMALL	ENTITY	
ENDMENT A	1-28-04	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 OFR 1.16(c))	20	Minus	••	E.	X \$=		OR	x \$=		
	Independent (37 CFR 1.16(b))	· 3	Minus	•••	E	X \$ =		OR	X \$=		
AM	FIRST PRESENT	ATION OF MULTIPL	E DEPENO	ENT CLAIM (37 CF	R 1.16(d))	+ \$=		OR	+ \$=	·	
	•		-	-		TOTAL ADD'L FEE		OR .	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 OFR 1 16(c))	•	Minus	••	=	X \$=		OR	x \$=		
	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x \$=		OR	x \$=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 5 =		OR	+\$ =		
						TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)	·	`	-	<u> </u>		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•	Minus	••	Ξ	x \$=		ÖR	x \$=		
EN	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x \$=		OR	x \$=		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "30".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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